

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**"FEE ADDRESS" INDICATION FORM**

**Address to:**  
**Mail Stop M Correspondence**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**INSTRUCTIONS :** Only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application.

**When to check the first box below:** If the fee address for the patent and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number.

**When to check the second box below:** If a Customer Number representing the fee address has to be established so it can then be associated with the patent and/or application number(s) you indicate. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

Customer Number: 22971

**OR**

Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,493,490	10/676,247

Completed by (check one):

<input type="checkbox"/> Applicant/Inventor	 Signature	
<input checked="" type="checkbox"/> Attorney or Agent of record <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span>	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span>	John C. Meline
	(Reg. No.)	Typed or printed name
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span>	509-944-4757
Statement under 37 CFR 3.73(b) is enclosed.		Requester's telephone number
(Form PTO/SB/96)		
<input type="checkbox"/> Assignee recorded at Reel <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> Frame <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span>		3/10/2009
		Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/>	* Total of <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> forms are submitted.
--------------------------	---

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. MS1 - 1348US